

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
 Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:

400905110

Date Received:

09/24/2015

Spill report taken by:

GINTAUTAS, PETER

Spill/Release Point ID:

443306

SPILL/RELEASE REPORT (INITIAL)

This form is to be submitted by the party responsible for the oil and gas spill or release. Any spill or release which may impact waters of the State must be reported as soon as practicable; any spill over 20 bbls must be reported within 24 hours and all spills over five bbls must be reported within ten days. Submit a Site Investigation and Remediation Workplan (Form 27) when requested by the Director.

OPERATOR INFORMATION

Name of Operator: <u>KERR MCGEE OIL & GAS ONSHORE LP</u>	Operator No: <u>47120</u>	Phone Numbers
Address: <u>P O BOX 173779</u>		Phone: <u>(970) 336-3500</u>
City: <u>DENVER</u>	State: <u>CO</u>	Mobile: <u>(970) 515-1238</u>
Zip: <u>80217-3779</u>		Email: <u>Sam.LaRue@anadarko.com</u>
Contact Person: <u>Sam LaRue</u>		

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400905110

Initial Report Date: 09/24/2015 Date of Discovery: 09/24/2015 Spill Type: Historical Release

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NENE SEC 14 TWP 3N RNG 67W MERIDIAN 6Latitude: 40.230838 Longitude: -104.848619Municipality (if within municipal boundaries): _____ County: WELD

Reference Location:

Facility Type: TANK BATTERY ☒ Facility/Location ID No 330941☐ No Existing Facility or Location ID No.☐ Well API No. (Only if the reference facility is well) 05- -

Fluid(s) Spilled/Released (please answer Yes/No):

Was one (1) barrel or more spilled outside of berms or secondary containment? Yes

Secondary containment, including walls & floor regardless of construction material, must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs.

Were Five (5) barrels or more spilled? No

Estimated Total Spill Volume: use same ranges as others for values

Estimated Oil Spill Volume(bbl): 0Estimated Condensate Spill Volume(bbl): UnknownEstimated Flow Back Fluid Spill Volume(bbl): 0Estimated Produced Water Spill Volume(bbl): UnknownEstimated Other E&P Waste Spill Volume(bbl): 0Estimated Drilling Fluid Spill Volume(bbl): 0

Specify: _____

Land Use:

Current Land Use: CROP LAND

Other(Specify): _____

Weather Condition: 80's, Sunny.Surface Owner: FEE

Other(Specify): _____

Check if impacted or threatened by spill/Release (please answer Yes/No to all that apply):

Waters of the State ☒ Residence/Occupied Structure ☐ Livestock ☐ Public Byway ☐ Surface Water Supply Area ☐

As defined in COGCC 100-Series Rules

Describe what is known about the spill/release event (what happened -- including how it was stopped, contained, and recovered):

During tank battery construction activities, historical impacts were discovered beneath the produced water sump at the HSR-Ferme Farms-63N67W/14NENE production facility. Approximately 20 loads of impacted material were excavated and transported to the Buffalo Ridge Landfill in Keenesburg, Colorado for disposal. Groundwater was encountered within the excavation at approximately 6 feet below ground surface (bgs). Approximately 20 barrels of groundwater were removed via vacuum truck and transported to a licensed injection facility for disposal. A groundwater sample (GW01) was subsequently collected on September 23, 2015, from the excavation area and submitted to Origins Laboratory for analysis of benzene, toluene, ethylbenzene, and total xylenes (BTEX) by USEPA Method 8260C. Analytical results received on September 24, 2015, indicated that BTEX concentrations in groundwater sample GW01 were above the applicable COGCC Table 910-1 groundwater standards.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

<u>Date</u>	<u>Agency/Party</u>	<u>Contact</u>	<u>Phone</u>	<u>Response</u>
9/24/2015	County	Roy Rudisill	--Email	
9/24/2015	County	Troy Swain	--Email	
9/24/2015	Private	Land Owner	--Mail	

OPERATOR COMMENTS:

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I hereby certify all statements made in this form are to the best of my knowledge true, correct, and complete.

Signed: _____ Print Name: Sam LaRue

Title: Senior HSE Representative Date: 09/24/2015 Email: Sam.LaRue@anadarko.com

COA Type

Description

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Attachment Check List

Att Doc Num

Name

400905170	FORM 19 SUBMITTED
400905229	ANALYTICAL RESULTS
400905236	TOPOGRAPHIC MAP

Total Attach: 3 Files

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)